

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1212SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2010
NAME OF PROVIDER OR SUPPLIER TORREY PINES CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1701 S. TORREY PINES DRIVE LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Z 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 3/23/10, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00024806 was substantiated with a deficiency cited. (See Tag Z 474)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	Z 000			
Z474 SS=F	<p>NAC 449.74539 Physical Environment</p> <p>5. Provide such housekeeping and maintenance services as are necessary to maintain a sanitary, orderly and comfortable environment;</p> <p>This Regulation is not met as evidenced by: Based on interview, observation and document review, the facility failed to provide a sanitary environment in 6 of 6 rooms inspected (Rooms 202, 203, 206, 208, 210 and 220).</p>	Z474			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z474	<p>Continued From page 1</p> <ol style="list-style-type: none"> 1. The mirrors located in the bathrooms for room 202 and 206 contained a white substance all over the mirror. The mirrors were not cleaned per the facility policy. 2. The bathroom faucets located in rooms 202, 208, 210, and 220 were corroded and had a build up of calcium. 3. Urinals were observed on the bedside table, the bathroom sink or the bedside cabinet in rooms 210 and 220. 4. The bedrooms were mopped with plain water and no disinfectant was placed in the water in accordance with facility policy. <p>Severity: 2 Scope: 3</p>	Z474			

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